

County: Lancaster

Facility Type: Adult Day Care

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
GOLDENCARE	ADC-0233 / 11/30/2009	60
403 W MEETING ST	Lancaster / Corporation	
LANCASTER, SC 29720	403 W MEETING ST	
BOWERS, SUSAN H PH#: 803-416-8000	LANCASTER, SC 29720	
Fac. Cont. Email:GOLDENCARE2003@YAHOO.COM	GOLDENCARE INC	
Number of Participants		60

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:	1	Number Licensed Units	60
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County: Lancaster

Facility Type: Ambulatory Surgery

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
SURGERY CENTER AT EDGEWATER	ASF-0110 / 02/28/2010	3
2536 LENGERS WAY	Lancaster / Ltd. Liability	
FORT MILL, SC 29707	800 W MEETING ST	
BASHORE, ROBERT S PH#: 803-286-1481	LANCASTER, SC 29720	
Fac. Cont. Email: ANGELA_MARCHI@CHS.NET	CAROLINA SURGERY CENTER LLC	
Operating Rooms	3 Procedure Rooms	0 Endoscopy Rooms
		0

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: 1 Number Licensed Units 3

County: Lancaster

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
HOLE PUNCH LLC 1909 HWY 521 BYPASS S LANCASTER, SC 29720 SMITH, TODD E PH#: 803-283-9508 Fac. Cont. Email:THEHOLEPUNCH@AOL.COM	BP-0181 / 06/30/2008 (Renewal Pending) Lancaster / Ltd. Liability 1909 HWY 521 BYPASS LANCASTER, SC 29720 HOLE PUNCH LLC	1

Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed:	1	Number Licensed Units	1
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County: Lancaster

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
HEATH SPRINGS RESIDENTIAL CARE CENTER INC 614 HART ST HEATH SPRINGS, SC 29058-0503 JONES, BRENDA B PH#: 803-273-3227 Fac. Cont. Email:HSRCC@COMPORIUM.NET	CRC-0761 / 04/30/2010 Lancaster / Corporation PO BOX 503 HEATH SPRINGS, SC 29058 HEATH SPRINGS RESIDENTIAL CARE CENTER INC	64

Certifications:Alzheimer Care

MORNINGSIDE OF LANCASTER 1004 HARDIN ST LANCASTER, SC 29720 BROOKS, NANCY M PH#: 803-285-8152 Fac. Cont. Email:NBROOKS@FSQC.COM	CRC-1146 / 03/31/2010 Lancaster / Limited Liability Limited Partnership 1004 HARDIN ST LANCASTER, SC 29720 MORNINGSIDE OF SOUTH CAROLINA L P	65
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Certifications:Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Community Residential Care Facility	
Number of Activities/Facilities licensed:	2
Number Licensed Units	129

County: Lancaster

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
NANCY J MCCONNELL COMMUNITY RESIDENCE 219 S PLANTATION RD LANCASTER, SC 29720-1847 ALTMAN, JAMES PH#: 803-286-5727 Fac. Cont. Email: No Fac Cont. email on record	MR15-0075 / 05/31/2009 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
TOM MANGUM COMMUNITY RESIDENCE 223 SOUTH PLANTATION RD LANCASTER, SC 29720 ALTMAN, JAMES PH#: 803-286-5771 Fac. Cont. Email: No Fac Cont. email on record	MR15-0074 / 05/31/2009 Lancaster / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:	2	Number Licensed Units	16
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County: Lancaster

Facility Type: Home Health

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
HOME CARE OF LANCASTER	HHA-0050 / 12/31/2009	1
902 W MEETING ST STE A	Lancaster / Limited Liability	
LANCASTER, SC 29720		
GARDNER, STEPHANIE S PH#: 803-286-1472		
Fac. Cont. Email:STEPHANIE_GARDNER@CHS.NET	LANCASTER HOME CARE SERVICES LLC	
Counties Served Lancaster		
License Restrictions		
Physical Therapy Y Speech Therapy:N Occupational Therapy Y Med. Social Services Y		
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed: Number Licensed Units

County: Lancaster

Facility Type: Hospice Program

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
HOSPICE OF LANCASTER	HPC-0039 / 12/31/2009	6
902 W MEETING ST STE A	Lancaster / Limited Liability	
LANCASTER, SC 29720		
GARDNER, STEPHANIE S PH#: 803-286-1472		
Fac. Cont. Email:STEPHANIE_GARDNER@CHS.NET	LANCASTER HOME CARE SERVICES LLC	
Counties Served Chester, Chesterfield, Fairfield, Kershaw, Lancaster, York		

Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed:	1	Number Licensed Units	6
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County: Lancaster

Facility Type: Hospital or Institutional General Infirmary

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	
SPRINGS MEMORIAL HOSPITAL	HTL-0657 / 12/31/2009	217
800 W MEETING ST	Lancaster / Corporation	
LANCASTER, SC 29720	800 W MEETING ST	
MCDUGAL JR, TOM R PH#: 803-286-1481	LANCASTER, SC 29720	
Fac. Cont. Email:JOAN_BURRESS@HQ.CHS.NET	LANCASTER HOSPITAL CORPORATION	
Licensed Beds: General: 199 Psychiatric: 0 Rehab: 0 Substance Abuse 18		
Other Beds NICU: 0 Neonatal Special Care 4		
Certifications:Abortions, Perinatal Level II, JCAHO Accredited		

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units 217

County: Lancaster

Facility Type: Nursing Home

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	

LANCASTER CONVALESCENT CENTER INC	NCF-0551 / 04/30/2009	142
2044 PAGELAND HWY	Lancaster / Corporation	
LANCASTER, SC 29720	PO BOX 1749	
SCHOLL, DEBORAH M PH#: 803-285-7907	LANCASTER, SC 29721-1749	
Fac. Cont. Email:SWTLIPSRN@GMAIL.COM	LANCASTER CONVALESCENT CENTER INC	

Licensed Beds	Nursing Home	142	Institutional Nursing Home	0
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Certifications:None

TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL	NCF-0723 / 04/30/2009	14
800 W MEETING ST	Lancaster / Corporation	
LANCASTER, SC 29720	800 W MEETING ST	
HUEY, NANCY D PH#: 803-286-1837	LANCASTER, SC 29720	
Fac. Cont. Email:JULIE_SOEKORO@CHS.NET	LANCASTER HOSPITAL CORPORATION	

Licensed Beds	Nursing Home	14	Institutional Nursing Home	0
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Certifications:None

WHITE OAK MANOR - LANCASTER	NCF-0883 / 12/31/2009	132
253 CRAIG MANOR RD	Lancaster / Corporation	
LANCASTER, SC 29720-6531	253 CRAIG MANOR RD	
CURTIS, ADRIENNE N PH#: 803-286-1464	LANCASTER, SC 29720-6531	
Fac. Cont. Email:NCURTIS@WHITEOAKMANOR.COM	WHITE OAK MANOR - LANCASTER INC	

Licensed Beds	Nursing Home	132	Institutional Nursing Home	0
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Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	3	Number Licensed Units	288
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County: Lancaster

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
LANCASTER COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE 114 S MAIN ST LANCASTER, SC 29720 QUINN, WALTER J PH#: 803-285-6911 Fac. Cont. Email:CSL@COMPORIUM.NET	OTP-0032 / 09/30/2009 Lancaster / County PO BOX 1627 LANCASTER, SC 29721 LANCASTER COUNTY COMMISSION ON ALCOHOL & DRUG ABUSE	1

Certifications:None

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	1	Number Licensed Units	1
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County: Lancaster

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
LANCASTER SC DIALYSIS	ERD-0077 / 02/28/2010	17
980 WOODLAND DR STE 100	Lancaster / Corporation	
LANCASTER, SC 29720-1964	C/O DAVITA- LICENSURE/CERTIFICATION, 5200	
GASTON, WILLIAM S PH#: 803-283-6336	VIRGINIA WAY	
	BRENTWOOD, TN 37027	
Fac. Cont. Email: No Fac Cont. email on record	DVA HEALTHCARE RENAL CARE INC	

Licensed Stations: Hemodialysis: 17 Peritoneal: 1

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	<input type="text" value="1"/>	Number Licensed Units	<input type="text" value="17"/>
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Number of Activities/Facilities licensed in county of	Lancaster	# Lics	15
	Number Licensed Units :	739	

Report Total

Total Number of Activities/Facilities licensed	15	Total Number Licensed Units	739
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